



**Maximum Credit Override Form**

*Return to Office of the Registrar – 201 Lommasson*

ID# \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_  
Last First

This student has my permission to exceed the maximum 21 credit limit  
and may register for up to \_\_\_\_\_ credits.

Advisor Signature \_\_\_\_\_